

HealthPathWashington Advisory Team (HAT) Notes for May 22, 2012

Introduction and Updates

- The group was asked to review the HAT Charter and to send Kelly any suggestions for change. Suggested changes to the document should be emailed to Kelly by June 15, 2012.
- Future meeting dates are **July 24, 1:00-4:00** and **November 1, 1:00-4:00**
- **Kelly will send out another Doodle vote for September because the dates that were initially proposed did not work. Doodle poll was sent via email on 5/23/12.**

Governance Structure

- The Governance Structure document was shared and it was pointed out that some of the workgroups align with the strategies (health homes, 3-way contracting) and others support work for all strategies (stakeholder outreach and communications, fiscal)
- The HAT provides advice and ensures varying perspectives are identified
- The Executive Team is needed either for a quick decision that cannot wait for the Governance Committee meeting or when the Governance Committee does not have general consensus
- Both DSHS and HCA have equal weight in final decisions

Opportunities for Engagement

July HAT Meeting

- The July 24th HAT meeting will focus on Health Homes
 - **Materials will be sent out by July 10th in order for members to share information with their members/constituents**
- Updates regarding CMS negotiations and county discussions for strategy 2 will be shared.

September HAT Meeting

- Draft state selection requirements and criteria that will be used in strategy 2 including quality measures will be discussed
- A member voiced concern about limitation on services for individuals with developmental disabilities
- KPR encouraged the member to provide CMS with information related to this concern
- CMS wants to know, "What is the glue that will hold systems together". How will the state ensure integration of 1915(c) services for individuals with developmental disabilities that participate in strategy 2 and receive 1915(c) services from the state and other services from a contracted health plan
- CMS sees strategy 3 as a carve-out of significant services and has expressed concern about this strategy.
- CMS has indicated verbally that they will allow passive enrollment into integration models, but will not approve lock-in/retention periods that states have requested.
- What are other states doing about enrollment? All but one are proposing passive enrollment
- There was a National Association of State Medicaid Directors (NAMD) meeting in DC with 14 states so that states could provide information and education related to what they are proposing in the duals design plans. Particular focus was on how states measure and monitor quality when services are provided by managed care organizations, how states measure quality in community based long term services and supports and how states make assignments and do passive enrollment in their

Medicaid programs. A member asked if the role of the HAT is to advise on the 3 strategies and negotiations with CMS

- CMS has expressed concern about having more than one duals financial alignment strategy operate in a geographic region because it introduces concerns about selection bias and how to set rates, and evaluation of cost savings.
- The state has requested a more detailed conversation to talk about how those concerns might be mitigated so that the design plan could be implemented as written.
- Is there a plan to protect PACE in the long term, has there been an answer at the federal level?
- PACE provides fully integrated care under both Medicare and Medicaid in King County. Washington supports PACE expansion, and also is looking to test other models for integrating care that are not site-based.
- Is there a challenge for other states around the 2 strategies in one county issue? Not that we are aware of.

County Discussion

- Review of the handout “Proposed Implementation Timeline and Approach to County Legislative Approval” The state is interested in working with counties to implement strategy 2 and the budget proviso passed by the 2012 legislature require county legislative authority approval to terms and conditions
- The state shared the following information:
- The state is working with counties to identify issues, concerns, etc. From that list we are hoping we can address those issues through information (such as financial modeling of implementation impacts), contract terms and procurement requirements. If possible, we are trying to establish a single set of county terms that would be part of the health plan selection process.
- In November the state would issue a procurement/selection document, draft contract language and health plans would be selected through that process. CMS will also issue Medicare specific requirements and the health plan contracted would need to meet both Medicaid and Medicare requirements.
 - To date, King, Snohomish, Pierce and Spokane have expressed interest in having a discussion about strategy 2 implementation
 - Need to know if other counties have interest by 6-15-12; this has been communicated through the Association of Counties
 - A question was asked about whether there is potential labor impacts related to implementation. Yes, discussions with Labor Relations have begun. The state is in the process of developing a financial model for use by counties so they can better understand potential impacts related to implementation of strategy 2. The HAT requested to see the financial model
 - First goal is to have one set of selection criteria for all counties but could have it be individualized
 - Want to procure for everything at one time (strategies 2 and 3, if funded by CMS)
- The state has had regular bi-weekly calls with counties and additional meetings as needed throughout the process of design planning
- What is the legislative authority? Elected officials, either county councils or county commissioners, vote to approve implementation of strategy 2.
- County involvement/partnership in the provision of ADSA services has been in place in Washington State for many years. Discussion by HAT members included the following:
- Counties also oversee housing and homeless projects

- Counties also have concerns about other systems such as jails, schools, and there is local tax levy funding currently \$90 million going into mental health services which is controlled by counties
- Most likely it will take a while to see the changes, savings, and we need to develop baseline measures
- Will need to evaluate all systems against a common set of measures
- We need to keep in mind what beneficiaries need Certainly possible that there could be a multiple-county partnership
- FQHC are involved at various levels and they are represented on HAT
- Question for counties:
 - Will they have enough money for crisis, ITA, etc?
 - Will the health plan pay back counties for these services?
- A member expressed concern about how this will play out for counties financially
- Issues for counties include who is responsible for individual, who still responds to crisis, 911, jails
- A member said we really need to educate counties and give them as much information as possible to make decision
- Counties need to know what the exit strategies are and to be able to catch it early on
- Any county that signs on will relinquish their responsibility and risk, they will also relinquish their ability to have a say on what happens with the resources (funding) that will move into the fully integrated capitation model delivered through health plans and the care of those beneficiaries

Question and Answer

- Prism is a Washington State home grown system
- No data is fed from providers
- Claim data comes from DSHS, encounter data, HCA (Provider One), assessment data
- Not real time, relies on payment claims
- Will be used in all strategies
- Working to create a separate PRISM application that combines Medicare and Medicaid data
- HEIDS and CHAPS scores don't go in to PRISM
- To use it will require training
- DOH has metrics coaches to help with PRISM
- DOH also have tools to improve practice and integration

Next Meeting

July 24, 2012 1:00-4:00

Location to be determined

A request was made to alternate meeting locations between Olympia and SeaTac/Seattle

<http://www.aasa.dshs.wa.gov/duals/>